



5681-99901
P6617

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled "MULTI-NODE COMPUTER SYSTEM EMPLOYING MULTIPLE MEMORY RESPONSE STATES," the specification of which:

- ☐ is attached hereto.
☒ was filed on April 9, 2004 as Application Serial No. 10/821,370
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

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<u>Prior Foreign Application No.</u>	<u>Country</u>	<u>Filing Date</u> <u>(mm/dd/yy)</u>	<u>Priority</u> <u>Claimed</u>	<u>Cert. copy</u> <u>Attached</u>
N/A				

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<u>Provisional Application No.</u>	<u>Filing Date</u> <u>(mm/dd/yy)</u>
60/461,990	04/11/03

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Bernice B. Chen Reg. No. 42,403
Arien C. Ferrell Reg. No. 46,696
Marc D. Foodman Reg. No. 34,110
Marilyn E. Glaubensklée Reg. No. 35,521
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Kay A. Colapret Reg. No. 52,759
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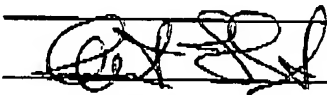
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Inventor's Full Name: Anders Landin
Inventor's Signature: _____ Date: _____
City and State (or Foreign Country) of Residence: San Carlos, CA Citizenship: Sweden
Post Office and Residence Address: 546 Dartmouth Avenue, San Carlos, CA 94070
(Include number, street name, city, state and zip code)

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Inventor's Full Name: Robert E. Cypher
Inventor's Signature: _____ Date: _____
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Post Office and Residence Address: 18460 Montpere Way, Saratoga, CA 95070
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Inventor's Full Name: David A. Wood
Inventor's Signature: _____ Date: _____
City and State (or Foreign Country) of Residence: Madison, WI Citizenship: US
Post Office and Residence Address: 2115 Bascom St., Madison, WI 53705
(Include number, street name, city, state and zip code)

Inventor's Full Name: Erik E. Hagersten
Inventor's Signature:  Date: Aug 31 2004
City and State (or Foreign Country) of Residence: Uppsala, Sweden Citizenship: Sweden
Post Office and Residence Address: Dobelnsq 17, 75237 Uppsala, Sweden
(Include number, street name, city, state and zip code)

Inventor's Full Name: Mark D. Hill
Inventor's Signature: _____ Date: _____
City and State (or Foreign Country) of Residence: Madison, WI Citizenship: US
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Inventor's Signature: _____ Date: _____

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Post Office and Residence Address: 2115 Bascom St., Madison, WI 53705
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Inventor's Full Name: Erik E. Hagersten

Inventor's Signature: _____ Date: _____

City and State (or Foreign Country) of Residence: Uppsala, Sweden Citizenship: Sweden

Post Office and Residence Address: Dobelnsq 17, 75237 Uppsala, Sweden
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Inventor's Full Name: Mark D. Hill

Inventor's Signature:  Date: 7/31/2004

City and State (or Foreign Country) of Residence: Madison, WI Citizenship: US

Post Office and Residence Address: 2124 CHAMBERLIN AVE, MADISON WI 53726, NJM
~~4 Chamberlin Ave., Madison, WI 53705~~
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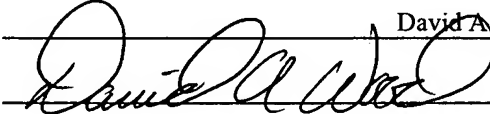
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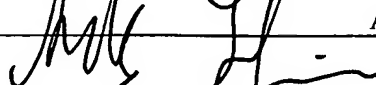
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